

<b>REPORT OF MEDICAL EXAMINATION</b>		1. DATE OF EXAMINATION (YYYYMMDD)		2. SOCIAL SECURITY NUMBER	
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<b>PRIVACY ACT STATEMENT</b>					
<p><b>AUTHORITY:</b> 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.</p> <p><b>PRINCIPAL PURPOSE(S):</b> To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.</p> <p><b>ROUTINE USE(S):</b> None.</p> <p><b>DISCLOSURE:</b> Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p>					
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)		4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)			5. HOME TELEPHONE NUMBER (Include Area Code)
6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	10. RACE <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White	
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY      b. CIVILIAN		12. AGENCY (Non-Service Members Only)		13. ORGANIZATION UNIT AND UIC/CODE	
14. a. RATING OR SPECIALTY (Aviators Only)		b. TOTAL FLYING TIME		c. LAST SIX MONTHS	
15. a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program	
16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)					

  

<b>CLINICAL EVALUATION</b> (Check each item in appropriate column. Enter "NE" if not evaluated.)			
	Nor- mal	Ab- norm	NE
17. Head, face, neck, and scalp			
18. Nose			
19. Sinuses			
20. Mouth and throat			
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)			
22. Drums (Perforation)			
23. Eyes - General (Visual acuity and refraction under items 61 - 63)			
24. Ophthalmoscopic			
25. Pupils (Equality and reaction)			
26. Ocular motility (Associated parallel movements, nystagmus)			
27. Heart (Thrust, size, rhythm, sounds)			
28. Lungs and chest (Include breasts)			
29. Vascular system (Varicosities, etc.)			
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)			
31. Abdomen and viscera (Include hernia)			
32. External genitalia (Genitourinary)			
33. Upper extremities			
34. Lower extremities (Except feet)			
35. Feet (See Item 35 Continued)			
36. Spine, other musculoskeletal			
37. Identifying body marks, scars, tattoos			
38. Skin, lymphatics			
39. Neurologic			
40. Psychiatric (Specify any personality deviation)			
41. Pelvic (Females only)			
42. Endocrine			
<b>43. DENTAL DEFECTS AND DISEASE</b> (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable    Class _____			

  

<b>44. NOTES:</b> (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)		
<b>35. FEET (Continued) (Circle category)</b>  <div style="display: flex; justify-content: space-between;"> <div> Normal Arch Pes Cavus Pes Planus </div> <div> Mild Moderate Severe </div> <div> Asymptomatic Symptomatic </div> </div>		

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)												SOCIAL SECURITY NUMBER																			
<b>LABORATORY FINDINGS</b>																															
45. URINALYSIS				a. Albumin				46. URINE HCG				47. H/H				48. BLOOD TYPE															
				b. Sugar																											
<b>TESTS</b>				<b>RESULTS</b>								<b>HIV SPECIMEN ID LABEL</b>				<b>DRUG TEST SPECIMEN ID LABEL</b>															
49. HIV																															
50. DRUGS																															
51. ALCOHOL																															
52. OTHER																															
a. PAP SMEAR																															
b.																															
c.																															
<b>MEASUREMENTS AND OTHER FINDINGS</b>																															
53. HEIGHT		54. WEIGHT lbs.		55. MIN WGT - MAX WGT				MAX BF %				56. TEMPERATURE				57. PULSE															
58. BLOOD PRESSURE								59. RED/GREEN (Army Only)								60. OTHER VISION TEST															
a. 1ST		b. 2ND		c. 3RD																											
SYS.		SYS.		SYS.																											
DIAS.		DIAS.		DIAS.																											
61. DISTANT VISION								62. REFRACTION BY AUTOREFRACTION OR MANIFEST								63. NEAR VISION															
Right 20/				Corr. to 20/				By				S.				CX				Right 20/				Corr. to 20/				by			
Left 20/				Corr. to 20/				By				S.				CX				Left 20/				Corr. to 20/				by			
64. HETEROPHORIA (Specify distance)																															
ES <sup>o</sup>		EX <sup>o</sup>		R.H.		L.H.		Prism div.				Prism Conv CT				NPR				PD											
65. ACCOMMODATION								66. COLOR VISION (Test used and result)								67. DEPTH PERCEPTION (Test used and score) AFVT															
Right				Left				PIP				/14				Uncorrected				Corrected											
68. FIELD OF VISION								69. NIGHT VISION (Test used and score)								70. INTRAOCULAR TENSION															
																O.D.				O.S.											
71a. AUDIOMETER		Unit Serial Number						71b. Unit Serial Number						72a. READING ALOUD TEST																	
Date Calibrated (YYYYMMDD)												Date Calibrated (YYYYMMDD)																			
HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000		SAT		UNSAT														
Right							Right							72b. VALSALVA																	
Left							Left								SAT		UNSAT														
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																															

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